

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017599

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3879

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 17 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Length of stay in 1b		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Convalescent Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4412 Tennessee Avenue	
3. NAME OF DECEASED (Type or print) First ANNA		Middle L.		Last EVERS	
4. DATE OF DEATH Month APRIL		Day 4		Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/14/87	9. AGE (last birthday) 75 years	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Shabonier, Illinois	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Fredrich W. Finke		13b. MOTHER'S MAIDEN NAME Anna Moenkemann	
14. NAME OF HUSBAND OR WIFE Late Charles D. Evers		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, gg, or known) (If yes, give war or dates of serv) No None		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Helen Bartz, 4412 Tennessee Avenue, 11		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerotic heart disease</i> DUE TO (b) <i>generalized arteriosclerosis</i> DUE TO (c) <i>420.0</i>		INTERVAL BETWEEN ONSET AND DEATH 6 mo 3 yr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>4/1/63</i> to <i>April 4/63</i> and last saw her <i>him</i> alive on <i>4/3/63</i> . Death occurred at <i>6:30 A</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>W. A. Schlegel, M.D.</i>		22b. ADDRESS <i>4724 B. St. St. Louis, Mo.</i>	
22c. DATE SIGNED <i>4/17/63</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4/6/63	
23c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery		23d. LOCATION (City, town, or county) St. Louis County Missouri		24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ 4828 Natural Bridge Blvd	
25. DATE RECD. BY LOCAL REG. APR 5 '63		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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86

ITEM NO.

Dr. Walter A. Rohlfing
4724 Gravois Avenue,
Hu. 1-1486

HRS. FRIDAY 11-12 Noon Sure

File in city.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Robert E. Mahlerman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.